



All information on the application must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$65**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **TRUST NAME:** The business trust name on all documents must be exactly the same as it appears on the trust instrument. The business trust name cannot be the same as any other names on file with our office.
- ☐ 4. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 5. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 6. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 7. **SIGNATURES:** The application requires the signature of an authorized person.

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**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.SOS.KS.GOV](http://WWW.SOS.KS.GOV). UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution.  
All information must be completed or this document will not be accepted for filing.*

**DBT****51-07****KANSAS SECRETARY OF STATE****Kansas Business Trust  
Application****CONTACT: Kansas Office of the Secretary of State**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.****Please read instructions sheet before completing.***

<b>1. Name of the business trust:</b>					
<b>2. Name of the resident agent and address of the registered office in Kansas:</b> <i>Address must be a street address A P.O. box is unacceptable</i>					
	<i>Name</i>		<i>Street Address</i>		
			<i>Kansas</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i>		
<b>3. Mailing address:</b> <i>Address will be used to send official mail from the Secretary of State's office</i>					
	<i>Attention Name</i>		<i>Address</i>		
	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>	
<b>4. Tax closing month:</b>					
<b>5. Name and mailing address of the trustees:</b> <i>Do not leave blank</i>  <i>If additional space is needed please provide an attachment</i>	1) _____				
	<i>Name</i>				
	<i>Mailing address</i>		<i>City</i>	<i>State</i>	<i>Zip</i> <i>Country</i>
	2) _____				
	<i>Name</i>				
	<i>Mailing address</i>		<i>City</i>	<i>State</i>	<i>Zip</i> <i>Country</i>
	3) _____				
	<i>Name</i>				
	<i>Mailing address</i>		<i>City</i>	<i>State</i>	<i>Zip</i> <i>Country</i>
	4) _____				
	<i>Name</i>				
	<i>Mailing address</i>		<i>City</i>	<i>State</i>	<i>Zip</i> <i>Country</i>

**6. Duration of the trust:**

☐ Perpetual

☐ Date the trust will cease \_\_\_\_\_  
Month Day Year

**7. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

\_\_\_\_\_  
*Signature of authorized person*

\_\_\_\_\_  
*Date (month, day, year)*